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ABSTRACT

The current emphasis on thinness has had a negative impact on many women and girls who suffer from a negative body image, poor self-concept, and depression, three conditions that often manifest themselves behaviorally through chronic dieting, compulsive exercise, and eating disorders. Socio-cultural factors that have contributed to this emphasis on thinness include messages from the media, a middle- and upper-class preoccupation with health and fitness, and the image promoted by the women's movement. In addition, while the idealized female figure's weight is decreasing, the average woman's weight is increasing. A review of body image research supports the idea that some factor, or cluster of factors, is at work creating feelings of dissatisfaction among women about their bodies and body weight. Research has identified several risk factors as playing some role in the development of negative body image among weight conscious women. Stunkard and Mendelson's (1961) attempt to determine factors related to the development of disturbed body image among obese clients identified three factors: age at onset of obesity (adolescence), neurosis, and parental criticism of obesity. In order to help young women explore and resolve their negative feelings about their bodies and weights, college counselors and educators can offer support services that focus on issues related to body image and self-esteem, stress management and competition, and nutrition and weight management. (NRB)

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The Slender Imbalance:

An Overview of Body Image Related Problems and Solutions

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Although many explanations have been offered, it is still not entirely clear why women have relinquished as their physical ideal the full figure standard, set by such sirens as Marilyn Monroe and Mae West, and replaced it with the unrealistically thin child-like figure Twiggy introduced in the late 60's (Garner & Garfinkel, 1980). What is becoming painfully and increasingly clear, however, is that women's acceptance of such an unrealistic standard of measurement has its price. Women pay that price not only monetarily, spending approximately 500 million dollars annually on diet products (Arenson, 1984), but also psychologically, in terms of negative body image, poor self-concept, and depression--three conditions that often manifest themselves behaviorally through chronic dieting, compulsive exercise, and eating disorders.

Not only are more women dissatisfied with their physical appearance, they are becoming dissatisfied at younger ages. Huenemann et al. (1966), reported that between 63 and 70 percent of high school girls were dissatisfied with their bodies and wanted to lose weight. Nylander (1971) found that 50 percent of 14 year old girls reported they felt fat at some time, while 76 percent of 18 year old girls whose weight was above the mean for their height were dieting. By their senior year in high school, 60% of girls have been on one serious diet and 37% are dieting at any one time (Dwyer, et al., 1969).

Young women are so preoccupied with their physical appearance they haven't the time or ability to devote their attention to their mental, emotional and social development. And they certainly lack the ability to address the truly important societal issues facing women today.

In light of the above, the proposed goals of this presentation are as follows:

1. To identify the current socio-cultural factors that have contributed to the current emphasis on thinness.

2. To examine the negative impact this emphasis has had on the body image of women and girls.
3. To identify major risk factors in the development of negative body image.
4. To identify specific focus issues and related strategies designed to enhance body image and prevent the development of related problems.

SOCIO-CULTURAL FACTORS

Garner et al. (1980), suspecting that the 1970's brought about a dramatic shift in the idealized female body type--a shift from voluptuous and curved to angular and lean--attempted to document and quantify this shift by reviewing heights and weights of the 1959-1978 Miss America Pageant contestants. They also reviewed heights, weights, and body measurements of Playboy Magazine centerfolds for that same time period. (A tough research assignment, but someone had to do it.) Data from both sources indicated a significant trend toward a thinner standard. Additionally, bust measurements decreased, waist measurements increased, and hips decreased. Garner et al. interpreted these measurement changes as a shift toward a more angular, "tubelike" figure. Instead of "tubelike" I believe a more accurate descriptor is "childlike." During that same time period Garner and his colleagues also documented a significant increase in the number of diet articles published within six leading women's magazines. Finally, they noted that both shifts, or trends, were taking place when population weight norms for women under 30 years of age were increasing.

I present this rather lengthy overview of Garner et al.'s research because, in combination, the three cultural trends they identify set up most

women desiring to follow these trends for frustration and failure. I will explain what I mean in more detail after I've identified three additional socio-cultural trend shapers.

Garner and his colleagues' research suggests, and I'll assert more strongly, that the media is probably the biggest socio-cultural factor, or culprit, affecting our current preoccupation with thinness. Ask any group of bulimics or weight preoccupied women and they'll tell you at length about the major negative influence the media has had on their feelings about their bodies, their weight, and the food they eat. The media bombards women with messages to diet, lose weight, trim down, firm up--while simultaneously hurling equally strong cues to buy, prepare and consume all kinds of foods, in all kinds of places, and at all times of the day.

Another socio-cultural culprit is the current middle and upperclass preoccupation with health and fitness. Having a thin figure is no longer sufficient. Today, one must be fit, in shape, as well. Counting calories isn't enough. Now we count miles, laps, minutes, races. More and more women (and men) are becoming overly preoccupied with fitting an hour or more of some kind of exercise--usually aerobic--into their already busy daily schedules. Our obsession with weight has evolved into an obsession with fat, and fat phobia is rapidly becoming our newest and most popular unrealistic fear.

Finally, I believe the women's movement, despite the many positive changes it has brought about in women's lives, must take some responsibility for our current preoccupation with thinness. The women's movement has convinced women that they can have it all--careers and families, brains and beauty. The liberated woman is an intelligent, competitive, self-made woman by day and a glamourous, sultry, sexy, femme fatal at night. The liberated women is NOT fat. She's always in control. She's "come a long way baby." She's sleek and very (Virginia) slim.

While I've most likely overlooked other important socio-cultural influences, my brief overview provides enough evidence to demonstrate fairly clearly how, unwittingly I suppose, we've set women up for the feelings of frustration and failure I mentioned earlier. On one hand the average women's weight is going up; on the other hand our idealized female figure's weight is going down. On one hand young girls entering puberty are bound and genetically determined to acquire fat on their thighs, hips, and breasts. On the other hand, responding to these socio-cultural pressures, they are bound and mentally determined to attempt to escape those inevitable fatty deposits--exercising and dieting their way toward the childlike (i.e. nonwomanlike), boyish (i.e. nongirlish) standards we've unquestioningly accepted as ideal. (No matter how their health might suffer in the process). On one hand women receive a multitude of multimedia cues to prepare and consume food. On the other hand they learn a multitude of multimedia ways to cut down on calories and take off pounds. Finally, if that weren't enough, women learn not to be satisfied until they've earned an "A" in every category. After all, isn't perfection--in this case a thin, boyish, childlike figure--the ultimate expression of liberated superwomanhood?

BODY IMAGE

Lest you feel that my preceding contentions, albeit logical, are weakened by the fact that they are based on theory alone, let me briefly review pertinent body image research. I think it lends fairly strong statistical support to my argument.

Fallon and Rozin (1985) asked 248 male and 227 female undergraduate students to identify, using a set of nine figure drawings, their current

figure, their ideal figure, the figure they thought the opposite sex would identify as most attractive, and the figure of the opposite sex they found most attractive. The current, ideal, and most attractive figures marked by male participants were almost identical. Females marked their current figure as heavier than their ideal figure which, in turn, was heavier than the figure they identified as the most attractive female figure. In otherwords, men's perceptions of themselves serve to keep them fairly satisfied with their figures, while women--aspiring to an unrealistically thin goal--place pressure on themselves to lose weight. Interestingly, women in this study identified as most attractive to men a thinner female figure than what the men, themselves, actually identified as most attractive. Fallon and Rozin conclude:

> Women's dissatisfaction with their current figures and distortions of men's preferences are probably related to the much higher incidence of dieting, anorexia, and bulimia in women. (p.104)

Storz and Greene (1983), using a display of body silhouettes similar in concept to those used by Fallon and Rozin, found that adolescent females prefer female figures that are 10 to 20 percent below average weight. Preliminary results from my own research on college women support their findings. I asked 79 undergraduate women to indicate their actual figure, the figure they'd most like to have and the figure that they thought looked most feminine. I used the same body silhouettes Storz and Greene had used--an artist's rendition of five female figure outlines representing 20% underweight, 10% underweight, average weight, 10% overweight, and 20% overweight. Whereas 42% of the women marked the average weight figure as looking most like their actual figure, 56% identified as their ideal figure the silhouette representing 10% underweight. Twenty-nine percent marked the 20% below average weight figure as representing their ideal figure. Forty-nine percent indicated that the 10% underweight

figure looked most feminine to them while 35% responded to that question by marking the 20% underweight figure. As physicians use 20% below average weight as a major criterion in the diagnosis of anorexia nervosa, I am alarmed by these students' responses.

You might also be interested to know that 86% of my female subjects wanted to lose weight, reporting their average desired weight loss as 11 pounds. These responses, remember, did not come from a clinical population or even from a group of normals interested in taking off a few pounds. They came from a sample of young, healthy college women. Another point worth mentioning here is that it is not a woman's actual weight, size, or shape that is important to her, but her perceptions of her weight. If she is clearly within the normal weight range for her height--or even if she's at the low end of that range--it doesn't make any difference to her if she perceives herself as overweight. Hence, you have a group of predominantly normal weight women who want to lose an average of 11 pounds.

Finally, I asked these women how satisfied they were with various aspects of their physical appearance. Seventy-nine percent reported that they were moderately to very satisfied with their general appearance, 76% reported satisfaction with their height, and 72% were satisfied with their overall facial attractiveness. In fact, a majority of women in this group reported satisfaction with most of the characteristics I asked them about: Posture 63%, Facial Complexion 67%, Eyes 90%, Teeth 67%. However, when I asked them how they felt about their weight and the areas of their bodies where, as females, they are prone to carry body fat, their smiles turned upside down. Sixty-five percent indicated they were moderately to very dissatisfied with their thighs, 71% were unhappy with their hips, 46% were dissatisfied with their buttocks and 40% expressed dissatisfaction with the size of their waists. Fifty-seven

percent were moderately to very dissatisfied with their present weight, 44% were dissatisfied with the distribution of their body weight, and 35% were unhappy with their general muscle tone. I might add that the average age of these women was 21.4 years--too young to be feeling dissatisfied with general muscle tone. I think this statistic provides some support for my earlier observation that the fitness craze is having its own impact on women's feelings about their bodies.

While this is not a particularly extensive review of body image related research, it supports the notion that some factor, or cluster of factors, is at work creating feelings of dissatisfaction among women about their bodies and body weights. A recent discussion I had with a women's studies class provides one excellent example of how young women are responding to the cumulative effects of this phenomenon.

The class was discussing today's image of women as created by the media when one student raised her hand and said, "You know, my figure doesn't look anything like how Madison Avenue tells me it should look. That embarasses me and makes me feel different and inadequate. Does anyone else ever feel this way?" The entire class of 28 women raised their hands! One woman responded, "I feel okay about myself because I work out pretty regularly. Looking around at all those nude bodies in the women's locker room reassures me that I'm not the only woman who has fat thighs." Another woman observed that while that may be so, most of the women using the locker room were probably in better shape than the average woman; afterall, they participated in some level of physical activity and felt comfortable enough about their bodies to use a public area for showering and dressing. The point of this discussion is that women no longer know what a normal, healthy female figure looks like. Additionally, we've forgotten what a wide variety of physiques are included within that

normal range. What a shame. I think one of the greatest services educators and counselors can do for women is to refresh their memories on this matter.

RISK FACTORS

Before I share specific strategies designed to jog women's memories and help them feel better about their bodies, I'd like to give you a brief overview of the risk factors that research has thus far identified as playing some role in the development of negative body image. To enable you to place this information in the proper perspective, let me preface my overview with the two following observations. First, while identification of risk factors is currently a hot topic in eating disorder research, to my knowledge, research efforts to identify determinants of negative body image among weight or figure conscious women has been very limited. As you might suspect, the research that has been completed has identified several determinants of importance to the etiology of both problems. Indeed, negative body image, itself, has been identified as one of the major risk factors in the development of bulimia (Boskind-Lodahl & White, 1978; Fallon & Rozin, 1985). I shall point out these commonalities as I go along. Second, while most of us, lay and professionals alike, could probably arrive at a single definition of the concept without much difficulty, body image actually constitutes a broad area of research. The determinants of body image among handicapped individuals or within a group of psychotics can vary markedly from each other and from factors affecting women's feelings about their weight and/or figure. We must remember that our findings are group specific and refrain from overgeneralizations.

Studies attempting to identify predisposing factors in the development of negative body image among weight conscious women have been few and far between. Stunkard and Mendelson (1961) tried to determine factors related to development

of disturbed body image among their obese clients and identified the following three: age at onset of obesity, neurosis, and parental evaluation of obesity. I'd like to elaborate on each of these findings.

There seems to be a critical period when an individual is susceptible to acquiring negative feelings about her body and, as you might suspect, that period accompanies the rapid physical changes occuring during adolescence. Stunkard and Mendelson's work with their obese clients led them to conclude that disturbed body image occurs "almost exclusively in persons who become obese during childhood or adolescence"(p.329). As you are probably aware, adolescence is also a critical period for the development of both anorexia nervosa and bulimia. Professionals working with eating disordered individuals explain adolescent onset as a female's attempt to gain control over the rapid physical changes taking place within her body. Many have speculated that as long as the idealized female figure remains thin and childlike, adolescent females will use what means they have to fight the inevitable acquisition of body fat that takes them further away from that ideal. Bulimia, for example, is most likely to develop among adolescent girls whose weight is at the high end of normal or slightly over that mark (Halmi et al., 1981).

As Stunkard and Mendelson point out, while obesity during adolescence is a necessary factor, it is not sufficient cause for the development of negative body image. To place an individual at risk, neurosis and detrimental parental evaluation of weight must also be present during adolescence. The neurosis they refer to is a child's response to growing up in a disturbed or stressful family environment. A neurotic or emotionally disturbed response predisposes an individual to developing a disturbed body image. (Conversely, a secure childhood and stable personality appear to assure development of a healthy body image.) Here again, their conclusions parallel eating disorder research which

has identified a stressful family environment as a risk factor in eating disorder etiology (Hedblom et al., 1981; Strober, 1981).

The third factor common to Stunkard and Mendelson's body image disturbed, obese clients is criticism, or "a detrimental parental evaluation of the person's obesity" during childhood (p.329). They hypothesize that when the obese adolescent, living in a stressful family environment, is subjected to parental criticism about her weight, she is likely to internalize that view of herself and grow up with similar derogatory views of herself and her weight. Again, while Stunkard and Mendelson's conclusions are based on their work with obese adolescents, they parallel eating disorder research that suggests weight related criticism from a parent or significant adult in a child's life may be a risk factor (Bruch, 1977).

Before leaving the idea of a critical period in body image formation let me share the findings of one additional study by Stunkard and Burt (1967) which demonstrate the tenacious nature of body image disturbance. Stunkard and Burt located a small group of individuals, overweight as adolescents, who during late adolescence and for cosmetic reasons consciously decided to lose weight and maintained a normal weight for 20 years. At that time, 20 years later, the subjects--who were all women--"reported undue and morbid preoccupation with their physical appearance, and anxiety, often of intense degree, over the gain of even two or three pounds" (p.1445). Stunkard and Burt concluded by stating that psychotherapy for body image disturbance should begin during adolescence.

That just about sums up what we know about factors affecting the development of negative body image. During the past few years, research has determined that women are more dissatisfied with their physical appearance (Calden, Lundy, & Schlafer, 1959), weight (Berscheid, Walster, & Bohrnstedt,

1973; Gray, 1977), and body shape (Fallon & Rozin, 1985) than men. To my knowledge, however, no one has attempted to get at the specific factors affecting actual development of body image disturbance in the manner of Stunkard and his colleagues.

So where are we? Well, in summary we could say that 1) if a weight related body image disturbance is going to occur it will do so during adolescence, 2) within a stressful family environment, and 3) in response to weight related criticism from a parent, teacher or other adult role model--perhaps even from a sibling or peer. And, we know that 4) once a disturbance of this nature takes place it hangs on tight--despite subsequent maintenance of normal weight over extended periods of time.

Where does that leave us and what can we do? Body image disturbances, once established, are extremely costly to the individual in terms of time, feelings of self contempt, and actual treatment costs. The research I have done in this area, my conversations with other professionals, and my work with young women and men who are trying to resolve their feelings about their bodies have convinced me that a statement made by Stunkard and Mendelson back in 1961 still holds true today, "It would appear that if this problem is to be effectively managed, it must be by prevention." (p.330)

FOCUS ISSUES AND SPECIFIC STRATEGIES

As college counselors and educators what does prevention imply? In general, I think we need to be taking appropriate steps to lessen the pressures on young women to be thin. First, we can challenge the unrealistically thin female ideals that Madison Avenue and the media have established for us. If we remember that for every action there is a reaction then we will also remember that as our female ideal grows thinner and thinner more and more young women

are going to feel fatter and fatter. If they are dissatisfied with their perceptions of their weight then they are also more likely to be vulnerable to the comments or criticisms of others and more likely to respond to criticism in a negative or unhealthy manner. Second, we can inform parents, teachers, coaches, and other key adults of the etiology of weight related body image disturbances, their short and long term effects, and the steps that can be taken to help prevent or resolve problems before they progress to a stage where extended professional attention is the only effective solution.

Those are general suggestions, now let's get specific. What can we do in our classrooms, offices, and clinics to help young women explore and, hopefully, resolve their negative feelings about their bodies or weights? Body image disturbances are not the result of one single influence or event in a young person's life; they result from a combination of factors. If we plan to offer effective support services, we must design our services in a fashion that will allow participants to fully explore every issue of importance to them.

In my work with young women I have found it most helpful to focus my efforts on three separate but related areas. We examine and work on issues related to 1) body image and self-esteem, 2) stress management and competition, and 3) nutrition and weight management. While I don't claim this to be an exhaustive list, it seems to encompass the major concepts women need the opportunity to explore. I'll describe the issues included within each area in more detail.

I. Self-Esteem and Body Image

a) First, I think we need to encourage young women to accept themselves for who they are. We need to accentuate their positive attributes and encourage them to explore their strengths rather than dwell upon their weaknesses. And, we need to serve as role models in this regard.

b) If a young woman is struggling with issues related to control, approval, or respect we need to help her develop skills in areas (other than weight or figure related areas) that will help her gain the approval she seeks. Unfortunately, our society still rewards men for what they do and women for how they look. Women need the opportunity to express their feelings about this double standard, to examine its influence in their lives, and to develop a philosophy, or plan, for coping with this double standard in the future.

c) We need to encourage women to evaluate the media's influence on our culture's acceptance of extreme thinness as the female ideal. Simple questions such as, "Does the woman's body featured in this advertisement look like the body of any woman you know personally?" "Is this a normal weight for women?" "Is it a healthy weight?" when asked about models in fashion magazines or TV commercials will generate an immediate and animated discussion. We also need to reacquaint young people with the vast array of shapes and sizes people come in--shapes and sizes that are all, of course, considered normal.

d) We need to provide young women and men the opportunity to examine the relative meaning of thinness and fatness in our culture, in their own families, among their peers, and for themselves. What does thinness symbolize? What stereotypes do they associate with fatness?

e) Finally, we need to help young women explore their feelings about their bodies, and help them learn to accept (even celebrate) their own body's uniqueness. A number of body image exercises are available that can be used to encourage such self-exploration and introspection.

Closely related to these issues are those I place under the conceptual heading of:

II. Stress Management and Competition

a) If a major determinant in the etiology of a body image disturbance is a stressful family environment, then it makes sense to help young women learn to recognize stressors in their lives and help them develop appropriate ways to manage their stress. Geneen Roth (1982) astutely observed that an adolescent, placed under stress, is going to attempt to cope with that stress with the resources she has available to her. As she is not an adult, she does not have a full array of adult coping techniques upon which to draw so she does the best she can with what she has. For example, an adolescent's reasoning for losing weight might be, "I can't stop Mom and Dad from fighting, but perhaps I can make them happier if I'm as good a daughter as I can possibly be." Perfection, in an adolescent's mind, often means maintaining the ideal female figure--even if doing so requires use of unusual, unhealthy means of weight reduction. Hence, the development of an eating disorder.

b) Accordingly, then, we need to be sensitive to the crises in young women's lives and offer our support when appropriate.

c) We need to avoid driving young people beyond their capabilities and we need to inform other adults of potential problems that can arise when this happens.

d) Finally, in our highly competitive society, we need to help young women examine the advantages and disadvantages of being highly competitive. This is most important when working with young atheletes. Runners, dancers, gymnasts and aspiring models are all at higher risk for developing eating disorders than

non-members of these groups (Garner & Garfinkel, 1980). As I mentioned above (I.b.), this issue is also important for young women who view un ultra thin figure as the best means of competing for male attention and popularity.

Finally, we need to address issues related to:

III. Nutrition and Weight Management

a) We need to teach the basics of good nutrition and the importance of good nutrition to health and well being. I wonder how many women realize that they cannot meet their Recommended Daily Allowances of nutrients on less than 1,200 calories per day?

b) When weight loss is indicated we need to be sure to encourage women to use appropriate weight management techniques. As part of the study I described to you earlier, I asked undergraduate women about the weight reduction methods they used. While I was pleased to learn that exercise and an adequate diet with restricted calories were the two most frequently used methods, I also learned that the next three most frequently used methods were appetite suppressants, low energy crash diets, and liquid protein diets. And, for a nonclinical population of normal weight, the number of women indicating that they used these three methods "always" or "once a week" was appalling.

c) We need to help young women recognize the difference between emotional and physical hunger and we need to give them the opportunity to examine the social and psychological roles that food plays in our culture.

d) Finally, I think that when a young woman articulates her intention to lose weight, instead of asking how much weight she plans to lose, we need to begin asking why she wants to lose it. And, we need to make sure she understands that at 110 pounds she is going to have most of the same problems she faced at 125. She is not going to be smarter, better organized, more assertive or any better able to cope with family problems than she was at 125.

CONCLUSION

According to my notes, I have covered the four proposed goals I set out for this presentation. Let me conclude with a few final comments. Susan Squire's book, The Slender Balance (1983), gave me the title idea for today's presentation. I chose to substitute the word "imbalance" for "balance" because I think it more closely describes where we are with this body image problem--out of balance. And, I think the more we explore and learn about body image--through theory, research, practice--the clearer this imbalance will appear.

What do I mean by imbalance? I believe I described imbalance best in one of my opening comments when I asserted that we are developing into a society whose young women are so preoccupied with their physical appearance they are unable to focus their attention on either their mental, social and emotional development or on the truly important societal concerns facing women today. What a waste of human potential; particularly when, given appropriate support services, body image problems can be mitigated and could be prevented entirely.

As women deans, administrators, counselors, and educators we are in excellent positions to provide program support to young women struggling with problems related to negative body image. I hope we shall be unfailing in our attempts to do so.

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